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| to be used a transfer | all correspondence after in | Group Art Unit | 215 | 2155 | | | | | · | |
| | | Examiner Name | Naı | Nguyen, Thu H T | | | | | | |
| Total Number o | f Pages in this Submission | Attorney Docket Number | T | | | | | | | |
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| Fee Transr | mittal Form | | nment & Recordation Sheet | After Allowance Communication to Group Appeal Communications to Board of Appeals and Interferences Appeal Communications to Group | | | | | | |
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| Affida | vits / Declaration(s) | to the Commissioner Proprietary Information | | | | | | | | |
| Extension | of Time Request | Petition Applic | on to Convert a Provisional | | Status Letter | | | | | |
| Express At | pandonment Request | | r of Attorney, Revocation | | Return Receipt Postcard | | | | | |
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| ☑ Customer Number or Bar Code Label | | | Customer Number - 26652 | | | or Correspondence address below | | | | |
| | | | | | | | | | | |
| NAME | Samuel H. Dwor | | | | | | | | | |
| ADDRESS | | e AT&T | Way, Room 2A-207 | | ·= 1 | | | 710.0 | OD = 1 | 07001 |
| COUNTRY | Bedminster United States | of Amor | L. | SIAI | | | | 07921 908-532 - 1281 | | |
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| NAME Robert T. Canavan Reg. # 37592 | | | | | | | | | | |
| TELEPHONE 908,707-1568 DATE 05/17/2005 | | | | | | | | | 7/2005 | |
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| | | | CERTIFICATE (| | | | | | | |
| | | | osited with the United States .O. Box 1450, Alexandria, V | | | | | | | st class mail in an |
| Type or Printed Name | Mary J. Cui | rch | | | | | | | | |
| Signature | Mary | 9,0 | Curch Date 05/17/2005 | | | | | | | |
| SEND TO: Commiss | sioner for Patents, P.O. Bot 1 | 450 Alexand | Iria, VA 22313-1450 | | 8-8-7 | | | | | |

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| | | | | | | | Named Invento | or | | | | | | | | | |
| Examiner Name | | | | | | | | | Nguyen, Thu Ha T | | | | | | | | |
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| 1. The Commissioner is hereby authorized to charge indicated fees and credit any | | | | | | | | and credit any | 3. | 3. ADDITIONAL FEES | | | | | | | |
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| Required Under 37 CFR 1.16 CFR 1.16 at the Mailing Date | | | | | | | | Mailing Date | | 1812 | 2520 | Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action | 2 3 1 | | | | |
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| | ntity e(\$) | En | e Descrip | stion | | | Fo | e Paid | | 1251 | 110 | Extension for response within first month | Tis . | | | | |
| | 70 | Utility | (37CFR 1 FR 1.53(d | .53(1 | b)) / | | | e raiu | | 1252 | 420 | Extension for response within second month | | | | | |
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| 1005 1 | 60 | Prov | isional Fili | ng F | ee | | | | | 1255 | 2010 | Extension for response within fifth month | | | | | |
| | | | | | , | | | | | 1401 | 330 | Notice of Appeal | | | | | |
| | | | SUB | то | TAL (1) | | _ | | | 1402 | 330 | Filing a brief in support of an appeal | | | | | |
| 2. CLAIN | us [|] Fili | | | CFR 1.53 | (b) | | | 1 | 1403 | 290 | Request for oral hearing | | | | | |
| CPA Under 37CFR 1.53 (d) | | | | | | | | | | 1504 | 300 | Publication fee for early, voluntary, or normal publication | | | | | |
| | D | ₫ Am | endmen | t | | | | | | 1452 | 110 | Petition to revive – unavoidable | | | | | |
| | | Extra | Claims | | Fee fron below | 1 | | Fee Paid | | 1453 | 1330 | Petition to revive – unintentional | 1500 | | | | |
| Total | - 2 | 20= | 0 | x | |] _ | | | | 1501 | 1330 | Utility issue fee (or reissue) | | | | | |
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1460 130 Petitions to the Commissioner Multiple Dependent Claims Large Fee Code Entity 1807 Processing fee for provisional 50 **Fee Description** applications Fee(\$) 1806 180 Submission of Information Disclosure 1202 18 Claims in excess of 20 8021 40 Recording each patent assignment per Independent Claims in excess of 3 property (times number of properties) 1201 86 1809 770 Filing a submission after final rejection (37 CFR 1.129(a)) 1203 290 Multiple Dependent Claims For each additional invention to be 1810 770 examined (37 CFR 1.129(b)) 1204 86 ** Reissue independent claims over original patent 1801 770 Request for Continued Examination (RCE) 1205 18 ** Reissue claims in excess of 20 and over original patent 1802 900 Request for expedited exam of a design application Other fee (specify):

SUBMITTED BY
Typed or Printed Name

John E. Etchells

Date

Signature

Complete (if applicable)

Reg. Number

Date

Date

Signature

Date

Deposit Account User ID

1500

SUBTOTAL(3)

SUBTOTAL (2)

** or number previously paid, if greater; for Reissues, see above